
Decision Maker:	EXECUTIVE
Date:	For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 9th January 2018
Decision Type:	Non-Urgent Executive Key
Title:	HEALTH SUPPORT TO SCHOOL AGE CHILDREN
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Ward:	Borough-wide

1. Reason for report

- 1.1 At its meeting on 30th November 2016, the Council's Executive agreed to fund a new service to support the health of school age children for 2 years, funded by the Better Care Fund to a total value of £606k. The first £303k was released for the new service in 2017/18. The new service started 1st April 2017.
- 1.2 The drawdown of a further £303k for 2018/19 was subject to a further report to Executive.
- 1.3 Bromley CCG procured the service from Bromley Healthcare on behalf of the Council under a Section 75 agreement.
- 1.4 An evaluation of the new "Health Support to Schools Service" in October 2017 showed that the small team were only able to offer very limited safeguarding support due to capacity. The Designated Safeguarding leads in Bromley CCG and Public Health worked together to identify the gaps and risks to safeguarding in the new service.
- 1.5 5 of the proposed 6 additional posts are for safeguarding. Schools have indicated that they would not be willing to pay for statutory School Nurse functions such as safeguarding. The contribution from schools to the Health Support to Schools Service will be explored in a paper to Executive to follow in spring/summer 2018.

2. **RECOMMENDATIONS**

- 2.1 **The Care Services PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:**
- i) **Agree the drawdown of £303k from the Better Care Fund for continuing the existing service into 2018/19; and,**
 - ii) **Agree the drawdown of up to an additional £300k from the Better Care Fund to appoint an additional 6 nurses for the remainder of the existing Health Support to Schools. contract, to end March 2019. This is in line with Paragraph 1.4 and the issues outlined in Section 3 of this report.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: By enhancing the safeguarding of children aged 5-19 this paper will help to protect vulnerable children.
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Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Children and Young People Healthy Bromley:
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Financial

1. Cost of proposal: Estimated Cost: £303k plus an additional £300k
 2. Ongoing costs: Recurring Cost: Further Details
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £303k
 5. Source of funding: Better Care Fund
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Personnel

1. Number of staff (current and additional): Current 4.5WTE. Additional 6WTE
 2. If from existing staff resources, number of staff hours: Not Applicable
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Legal

1. Legal Requirement: Non-Statutory - Government Guidance:
 2. Call-in: Applicable:
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Procurement

1. Summary of Procurement Implications: This will be a variation of the existing contract between Bromley CCG and Bromley Healthcare.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 60,000 (population of 5-19 year olds living in or attending school in Bromley)
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

Following the decision in February 2016 to de-commission the current School Nursing service from April 2017, Public Health conducted a Risk Assessment and a Child Wellbeing Needs Assessment. The risk assessment identified key risks areas and the Needs Assessment outlined these in more detail. This work indicated that there is a growing number of vulnerable children and young people in Bromley who are at a significant risk and there is a gap in service provision to address this risk.

3.1 Current service

The current Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools.

3.1.1 Safeguarding Nursing support

As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered CSA/CSE.

3.1.2 Strategic Health Support to Schools

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions are a key mechanism to manage this risk in schools.

3.2 Gaps in current service identified

3.2.1 Case Conferences

Nurses in the HSS are commissioned to attend all Initial Case Conferences. They should also attend Review Case Conferences if there is a health need and they are the most appropriate health professional to attend. It is not known how many of these children have health needs, but it is reasonable to assume that a large proportion of these vulnerable children have health needs. In addition to attending the Initial and Review Case Conferences, the School Nurses would also be expected to attend Core Group meetings.

The evaluation of the Health Support to Schools Service in October 2017 showed that the service were able to attend nearly all Initial Case Conferences but almost no Review Case Conferences or Core Group meetings due to lack of capacity.

3.2.2 Supporting vulnerable groups

The service is commissioned to support vulnerable groups such as Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers.

They are also commissioned to support frontline school staff in a timely manner when concerns are raised about a child or young person, recognising that schools already have excellent systems in place for managing early concerns, and that urgent concerns should be referred to the MASH team.

The evaluation of the service on October 2017 (Appendix 2) showed that the only targeted support the service was able to provide was to the Youth Offending Service. Recent Ofsted inspections indicate that a greater level of support from School Nursing is expected than indicated by earlier guidance (Appendix 1).

3.2.3 Additional risks identified

The HSS service is commissioned to work with schools to offer strategic support to reduce the number of children entering the safeguarding system, work in partnership with other key stakeholders to promote the safety and welfare of children and young people, and contribute to cross-borough work on risk management and risk tolerance. This includes supporting vulnerable children in transition between health visiting and school nursing, and into adult services. The changes to the way schools are supported by the HSS service raises some particular risks.

The loss of drop-ins for pupils every week in each secondary school resulting in reduced contact with children increases the risk that:

- issues and concerns are not recognised and identified in a timely way (such as safeguarding, sexual health, teenage pregnancy, self-harm issues)
- there will be increased demand on targeted and intensive interventions if opportunities for early help are missed
- there will be less visible access to health services for 5-19 year olds
- there will be increased clinical risk due to lack of expert school nursing assessment and interventions for an individual child
- there is a reduction in local capacity to identify CSE, Missing and Gangs. School nurses are well placed to contribute in identifying and raising awareness of these issues.

Other risks relate to the down-sizing of the service.

- There will be reduced advocacy for young people's health, particularly children's special needs
- Families will lose ability to gain advice from school nurses, and may be less likely to access support from elsewhere
- Other partners, especially social care, schools and primary care, will not have school nursing to refer to, so potential for a young person's needs not to be met if colleagues do not have the knowledge or experience to either deal with the issue or appropriately signpost
- Loss of nurse-delivered health promotion and PSHE just as SRE and possibly PSHE become compulsory.

3.2.4 Supporting medical needs in school

Due to recent deaths from asthma in schools outside Bromley, it is recommended that all children with asthma in Bromley schools are offered an Individual Health Care Plan. This is likely to involve at least 6000 children and young people, based on existing data collected by GPs in Bromley. It is proposed to develop and align systems in primary care for providing health professional input into these Plans, and for this reason this post is only required for 1 year.

3.3 Additional service proposed

3.3.1 What is the current staffing of the HSS service?

Band	WTE in post
Band 7	0.6
Band 6	2.1
Band 5	1.8

These staff cover both the safeguarding and the medical needs parts of the service.

3.3.2 How many school nurses would be needed to cover the additional safeguarding roles?

- Attending a large proportion of Review Case Conferences and Core Group meetings in addition to Initial Case Conferences. This would need an additional 2 School Nurses.
- Targeted support of vulnerable children and young people, (home educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. This would need an additional 2 School Nurses.
- This will include the offer of regular meetings with children subject to a CP plan, young people in contact with the YOS, all EHE children, and young carers. In addition the service will be tasked with developing innovative methods to support young people in the Traveller community
- Developing and delivering the targeted assessment of children about whom schools have serious concerns, including those just below MASH threshold. This could mirror the "Rapid Responder" CAMHS service for schools with urgent CAMHS concerns, or serious concerns where the child and family do not access external services. This would need an additional 1 School Nurse.

3.3.3 How many additional school nurses would be needed to cover the additional support to develop IHCPs?

- There will need to be more school nurse capacity in place to oversee the annual updates of these plans and support the schools with training. This would need an additional 1 School Nurse. This post would not be needed beyond March 2019 as other health professionals will increasingly contribute to the IHCPs.

3.4 Outcomes

Function	Quality indicator	Metric	Monitoring
Support to Electively Home Educated (EHE) children	1. Offer of health assessment and support to all EHE children 2. Unannounced home visits where family not engaging with services	1. Number of EHE children accessing support 2. Safeguarding issues identified	Quarterly monitoring
Safeguarding in school	Identification of vulnerable children in schools (young carers, in contact with the YOS, Gypsy Traveller, subject to a CP plan)	Number of children identified in each group and number accessing support from the service	Quarterly monitoring by school
IHCPs in place	HSS to support schools to ensure all CYP with medical needs have an up to date IHCP in place is appropriate.	95% of Healthcare Plans to be up to date	Quarterly monitoring by school

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 By enhancing the safeguarding of children aged 5-19 this paper will help to protect vulnerable children.

5. FINANCIAL IMPLICATIONS

- 5.1 The table below outlines the spend on Public Health nursing 5-19 years across London for the 2016/17 financial year. The spend in Bromley at this time was fairly average at £17 a head. Since 1st April 2017 this budget has reduced to £303k and is now approximately £5 a head. Comparable boroughs of Havering and Harrow have a spend of £14-15 per head. A budget of £14 per head in Bromley would cost approximately £800k per year. If the recommendations are approved then the annual budget will rise to £603k for 2018/19 raising the average spend for Bromley to around £11 per head.

Comparative spend on School Nursing

	Population 5 to 19 years	Budget 16/17 £'000	Per capita spend £
Barnet	69,300	1,030	15
Brent	56,800	1,500	26
Bromley	56,900	977	17
Camden	36,600	1,569	43
Croydon	71,700	1,123	16
Haringey	46,200	717	16
Harrow	44,100	678	15
Havering	42,900	590	14
Hounslow	46,700	941	20
Islington	30,600	842	28
Kingston upon Thames	29,300	818	28
Tower Hamlets	49,700	1,581	32

- 5.2 The first recommendation is to continue with the existing contract currently in place costing £303k in 2018/19. This is budgeted for in the Better Care Fund (BCF) utilising historic underspends.
- 5.3 The additional recommendation is to drawdown an additional £300k for extra services required. Again it is recommended that the funding for this is sourced from the Better Care Fund historic underspend. Funding is available for 2018/19.
- 5.4 It should be noted that the funding for all of these activities is currently being funded from historic BCF underspends. This is one off funding and it cannot be assumed that this will continue in future years. Therefore the £603k funding may not be available in future years beyond 2018/19.
- 5.5 Should the funding be approved, a strategy will need to be put in place, and Members will need to decide the future funding arrangements of this service from 2019/20 onwards.

6. LEGAL IMPLICATIONS

- 6.1 **Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.
- 6.2 **Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to co-operate in the making of these arrangements. Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- 6.3 Health Support to Schools service together with other functions relating to the provision of support to school children is delegated to the Bromley Clinical Commissioning Group. Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulation 2000 allow the Council to delegate prescribed health related functions to the Bromley Clinical Commissioning Group (BCCG) by entering into a section 75 Partnership Agreement. This is subject to the requirement that the partnership arrangement is likely to lead to an improvement in the way the functions are exercised and meeting consultation requirements.
- 6.4 If the Portfolio holder approves the recommendations in this report then the existing section 75 Agreement between the parties will be varied to include the provision of extra support as per the recommendations.
- 6.5 BCCG have commissioned Bromley Health Care to provide the service. Bromley Health Care will employ the additional 6 nurses

Non-Applicable Sections:	Policy, Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	Gateway report. Health support to school age children. Care PDS 15 th November 2016, Executive 30 th November 2016 CS17065 Gateway report. Health support to school age children. Care PDS 31st January 2017 CS17104

OFSTED GUIDANCE

Ofsted guidance about supporting children with medical needs in schools:

Handbook Para 170. “Inspectors evaluate the experience of particular individuals and groups, such as pupils for whom referrals have been made to the local authority (checking how the referral was made and the thoroughness of the follow-up), pupils who have special educational needs and/or disabilities, children looked after, those with medical needs and those with mental health needs. Inspectors must look at a small sample of case studies about the experience of these pupils.”

Ofsted and SEND inspection

Recent Ofsted SEND inspections have repeatedly highlighted the role of School Nursing. The table below presents some of the recent feedback, both positive and negative, which reflects a close focus on both Health Visiting and School Nursing.

Local Authority	Date	Areas of strength or for development
Telford and Wrekin	July 2017	Public health does not commission school nurses to complete staged universal health needs assessments on children and young people when they start school or throughout and after their schooling. This prevents the proactive identification of new or emerging health needs in children and young people as they develop and grow at these key life stages
		The school nursing service has a dedicated practitioner providing universal support to children in special schools, pupil referral units, children that are home-educated and to potentially vulnerable groups such as Gypsy, Roma, Traveller children. As a result, these children and young people have access to a public health practitioner
		The children's community nurses and school nurses complete medical plans and deliver training that supports schools in managing the medical needs of children and their access to education
		The positive way in which school and community nurses support schools to meet the ongoing medical needs of children is not shown on the local area's local offer
		The commissioning and provision of health services, such as health visiting and school nurses, focus more on the completion of activities than on developing and improving children and young people's outcomes. As a result, public health commissioners do not have a clear view of whether their actions are having a positive impact on improving children and young people's health outcomes
Bury	July 2017	There is a worrying lack of quality and consistency in the accurate identification of children and young people's needs in schools. This has led to Bury having a very high number of children and young people requiring SEN support, having a statement of educational needs or an EHC plan in comparison to the national averages. Until recently, schools have adopted their own approaches to the identification of needs while often lacking the capacity to respond appropriately to meet these needs. This is having a negative impact on the progress these children and young people make. It also contributes to the high number who are educated out of borough and the high number of exclusions from schools
		Health visitors work proactively with school nurses when children transition between the services. Where need is identified, face-to-face meetings take place in mainstream school settings which include the child and family to ensure a more effective handover of responsibilities to better meet need
Halton	June 2017	School nurses provide additional support to children with medical conditions by helping settings to manage medical problems and provide training to school staff. When needs are identified, this collaborative approach supports children to have their health needs met in school so they can continue to access their education
Wakefield	August 2017	Health checks for school-aged children and young people include routine checks on hearing and vision at school entry. Local area leaders have decided to introduce universal health checks for Year 7 pupils, those in their mid-teens and young people aged 16 to 18 so that new or emerging health needs are identified quickly at these important life stages

Windsor & Maidenhead	September 2017	Comprehensive accurate data to inform healthcare service provision is currently unavailable within the local area. Until the new dataset now being developed by the health visitor and school nursing services is made available, leaders are not able to monitor the effectiveness of the Healthy Child Programme and consider the impact of gaps in delivery of the mandated visits
		The effectiveness of early identification in schools is too varied. Not enough is being done to enable children and young people, particularly those who are disadvantaged, to have their needs identified in a timely manner. Consequently, there is inequity of opportunity across the local area
Cornwall	August 2017	Information held by education staff and health professionals about children and young people who are home educated, including those excluded from school, is not routinely shared. As a result, some children and their families do not access the health advice and support they need
		School health profiles are used well to identify current levels of need and trends and promote a shared understanding of the child health population, including children and young people who have SEND needs
Rutland	August 2017	There is a good 0 to 19 service that utilises a variety of different arrangements to identify and support children and young people who have special educational needs and/or disabilities. For example, school nurses use health questionnaires and a drop-in service in primary and secondary schools

EVALUATION OF HEALTH SUPPORT TO SCHOOLS SERVICE, OCTOBER 2017

Evaluation of HSSS support of children with medical conditions in school

Aim:

The evaluation of this service will aim to identify whether this service is effective.

Objectives:

- 1) Quantify the frequency of meetings between the team and each school
- 2) Evaluate the effectiveness of action plans arising from the termly meetings in terms of driving change and improving outcomes
- 3) Review of the assessment of risk in each school,
- 4) How well has the service linked each school to other health professionals involved in the care of children and young people in their school
- 5) What additional value has the service brought to schools?
- 6) What additional risks identified and actions taken to reduce those risks?
- 7) Evaluate the capacity of the team to deliver for schools, and any additional capacity that might be required in future

Evaluation

Objective	Evaluation	Findings	For Action
Frequency of meetings	Weekly database of school visits	Termly visit for most schools. Exception reporting where visit not taken place	Escalate concerns where school not visited to Head Teachers
Effectiveness of action plans	Sample of action plans	Actions plans too short, too little detail, not always shared with schools	Improve Action Plans and always share with school
Assessment of risk in schools	Interview with schools	Mixed. Positive - that new service template joined up medical needs and safeguarding needs. Negative – insufficient capacity in new service and slow response to queries	1. Review capacity 2. Each nurse to have mobile phone and number given to the schools for which they are the named School Nurse
Linking to other health professionals in schools	Interview with schools	Universal negative. Not happening at the moment. Specific issue – support from pharmacists on buying auto-inhalers etc for schools	Review links to other health services in schools
Additional value	Interview with schools	Mixed. Half of schools interviewed positive about new service visit. Half felt it was not well tailored to their needs	Review content of termly visit and review frequency of visit
Capacity of new service	Interview with schools	Universal feedback that capacity insufficient. Quality assurance of service unclear	Details of gaps identified

Capacity issues identified at interview

9 schools agreed to an interview with a GP trainee based in the Public Health department in LBB in September/October 2017. The schools interviewed were 6 secondary schools, 2 primary schools and one special school.

1) Individual Health Care Plans (IHCPs)

- Every school mentioned problems completing these and feeling that they had insufficient support from the HSSS.
- One school were confident they had the capacity to do these if the HSSS supported them with identifying which children needed an IHCP and also reviewed and signed off the completed plans.
- Other schools were less confident about capacity but all had systems in place to identify children with medical conditions and get the IHCP template filled in by parents

2) Timely support for children who were not acutely ill but about whom they had health concerns

- Several schools mentioned that the telephone number for the service is always engaged and email take several days to get a reply and sometimes it is still not clear what to do
- Some schools mentioned this led to a lack of confidence in staff managing children in school with a medical condition

3) School Nurse visits to school senior health leads

- Approximately half of schools interviewed felt that these visits were helpful.
- Those who found them unhelpful tended to find that they did not add anything to the systems already in place in the school
- One school specifically praised the template which helped the school to join up medical and safeguarding issues for some children
- Almost all schools felt that a termly visit was not enough and several schools suggested a monthly visit was required to cover all the health issues in the school.

Evaluation of HSSS Safeguarding function

Aim:

The evaluation of this service will aim to identify whether this service is both safe and fit for purpose.

Objectives:

- 1) What are the needs that are identified and met?
- 2) What are the needs that are identified but not met?
- 3) Does the new system adequately identify children in need of additional help?
- 4) How does identified need for safeguarding support fit with current capacity?
- 5) What other health services are involved in each case?
- 6) What was the contribution of the Safeguarding Team to the safeguarding processes in each case?
- 7) How was GP input into the safeguarding processes managed?
- 8) Linking up with any other health professionals (e.g. Speech and Language Therapists, School Counsellors)

Evaluation

Objective	Evaluation	Findings	For Action
Needs identified and met	Case conferences attended (Initial or Review)	57 ICC attended June to Oct 7 Review CCs attended June to Oct 2017	Check reports sent where no attendance
Needs identified and not met	Case conferences not attended	2 Initial Case Conferences where unable to field a school nurse June to Oct	
Identifying children in need of help	YOS children seen EHE children seen PRU children seen GT children seen Children "of concern" in mainstream schools	24 young people seen 0 children seen 0 children seen 0 children seen 0 children seen and no school safeguarding meetings attended	Highlight capacity issues to support vulnerable groups
Capacity to identify children in need of help	YOS sessions EHE sessions PRU sessions GT sessions	2 half days a week 0 0 0	As above
Other health services involved in each case	Update from HSSS service	YOS: 1 referral to CAMHS, 1 referral for Chlamydia test, 3 given C cards with condoms	As above
Contribution of the new service to the safeguarding process	Update from HSSS service	Girls in YOS offered workshop on self esteem	As above

Summary of evaluation

This evaluation shows that there is a significant shortfall between what the new HSSS is providing and the needs of schools.

The main shortfalls are in supporting the schools around IHCPs and responding to queries, but the very limited offer of targeted support to vulnerable groups is also a significant concern.

Taking this work forward

- 1) Additional funds are sought urgently to ensure all children who need an IHCP have one in place by spring 2018. The broader role of IHCPs of the health community to be developed as part of a longer term support to schools.
- 2) Access to advice will be improved by all School Nurses having a mobile phone. The schools for whom they are the named school nurse will have their mobile number.
- 3) Improving the Action Plans following school visits will be addressed in performance management of the contract, in discussion with school leaders.
- 4) The content and frequency of the school visits will be taken forward in a time-limited working group with the commissioners, service leads and school representatives.

- 5) Linking the HSSS to other health services supporting schools needs to be taken forward in joint commissioning discussions between LBB and Bromley CCG. The specific issue of support to schools buying auto-injectors and inhalers will be addressed with Bromley CCG support.
- 6) The targeted safeguarding offer needs to be improved. This will be addressed as part of performance management, but also the subject of a joint paper with Bromley CCG seeking additional resources for this function.
- 7) The quality assurance of this new service needs to be addressed in partnership with the school community.